

Notes

Introduction

1. See Persson (2004) on *pharmakon*, specifically in relation to anti-retroviral therapy for HIV.
2. Methadone treatment is also finding increasing acceptance in other locations, especially South East Asia and Eastern Europe, but the systems of delivery there are often very different: restricted, for example, to prison populations. (Irawati et al., 2006; U.S. Department of State, 2006)
3. So named because they are located in the community, not because they are not-for-profit. Community pharmacies are privately owned businesses.
4. This is of course a single example of a much broader field of scholarship: Nancy Fraser's work is exemplary (N. Fraser, 1995; N. Fraser, 1997; Fraser and Gordon, 1997).
5. As is perhaps signalled by the use of terms from baseball ('three strikes') in welfare reform. Baseball is of marginal interest to the Australian population at large.
6. The starting dose of methadone is low, around 30 mg (effective doses are thought to be 60–80 mg on average), and is only increased gradually. In part this is because of the time taken for methadone to equilibrate with tissue reservoirs and accumulate in the body. There are concerns that too high initial doses will lead to overdose. Commencement of treatment is distressing for many clients as they can experience severe withdrawal symptoms until their dose rises to become adequate. Many continue to use heroin during this time (this is both a cause and effect of the starting dose being so low). In NSW there were 134 methadone-related deaths between 1990 and 1995. Drug overdose accounted for 84 of these, 24 of which occurred in the first 7 days of treatment (Sunjic and Zador, 1997).
7. Resource scarcity is evident in other, less effective but more politically popular modes of treatment as well, such as residential rehabilitation. The costs of these treatments are not always borne by the client, as some are with pharmacotherapies. Methadone and buprenorphine are subsidised through the Pharmaceutical Benefits Scheme (PBS), but clients pay around \$30 a week for a dispensing fee from pharmacists or clinics. Clients who have no access to a free bulk-billing doctor (who is paid directly by the government through Medicare) also need to pay consultation fees when getting their prescriptions renewed.
8. Aspects of Barad's theory will be familiar from existing science studies work such as actor network theory. Most useful for the argument we wish to make here is her appealing synthesis of aspects of this theory, combined with her innovative use of Butlerian performativity in thinking through the action of matter.
9. Indeed, Haraway's *Modest Witness* (1997) comments on material-semiotic aspects of blood in contexts such as genomics, race and family.

10. This project has been approved by the UNSW Human Research Ethics Committee, and by relevant state and area health service ethics committees.
11. Among the service users interviewed for the Victoria arm of this study were three individuals who were on buprenorphine treatment at the time of interview. All had been in MMT in the past, and were interviewed because some aspects of MMT are closely linked to aspects of buprenorphine treatment.
12. After data collection, each interview was de-identified, cleaned and coded. Each participant was assigned a pseudonym to protect anonymity. The data were then analysed to identify themes.
13. Research Participants:

		<i>n</i> =	Female	Male	Age range
Service Users (total = 50)	NSW metro	20	8	12	27–52
	NSW regional	5	2	3	24–49
	Vic metro	20	12	8	24–47
	Vic regional	5	1	4	31–39
Health care workers (total = 29)	NSW metro	10	4	6	32–55
	NSW regional	5	1	4	45–59
	Vic metro	9	3	6	36–62
	Vic regional	5	2	3	37–54
Policy (total = 8)	NSW	5	2	3	44–61
	Vic	3*	0	3	42–‘50-ish’
TOTAL		87*			

*Two interview participants classified as Health Care Workers (HCW) were also classified as policymakers in the analysis due to their experience in both service delivery and policy development.

1 Substitution, Metaphor and Authenticity

1. Items retrieved via Factiva do not include full page numbers, therefore these will not be supplied with quotations.
2. Figures retrieved from the United States Audit Bureau of Circulations web site (<http://www.accessabc.com/>), retrieved 6 June 2006.
3. Figures retrieved from the United Kingdom Audit Bureau of Circulations web site (<http://www.abc.org.uk>), retrieved 6 June 2006.
4. Figures retrieved from the John Fairfax Holdings Publishers' Statements, released 21 April 2006.
5. Helen Keane makes a similar observation in her invaluable book, *What's Wrong with Addiction?* See page 62.
6. Other examples include: Holden, 2005; Kurutz, 2004; Macleod, 2004; Lister, 2004; and O'Neill, 2004.
7. We do not wish to imply that withdrawal symptoms are 'merely' the product of representation, and so of little import or power. Rather, our argument is

informed by scholarship indicating the fragility of *norms of* withdrawal (see for example Keane, 2002).

8. In this vein, Sedgwick (1993) writes persuasively on the powerful dualism central to notions of addiction: that of free will and compulsion.
9. Here we do not assume that such support is usually uncomplicated or unconditional. Many who support the programs at least in Australia see them as a flawed solution to a historically and politically contingent (even produced) problem.

2 Governing Treatment

1. The 1999 documents were in place during our period of data collection, which took place between July 2004 and May 2006. The 2006 documents were obviously in the process of being compiled, drafted and refined during this time.
2. As noted in the Introduction, these are doses which clients take away from the clinic or pharmacy premises and self-administer. They are highly valued by clients as they reduce the number of days on which they have to attend dosing points, and make working, going on holiday and other activities easier.
3. 'What scant data are available indicate that the consumers of diverted methadone are mostly established heroin users. However, there is one group of opioid naïve persons at risk of death from takeaway doses. Children, especially those of parents taking part in a methadone program, have occasionally died as a result of taking methadone [...] methadone was detected post-mortem in eight children who died between July 1990 and December 1995 in NSW. In five of these children, methadone was presumed to have contributed to death. In three children, the child had ingested the mother's takeaway dose' (Bell and Zador, 2000). Victoria has a smaller population than NSW and fewer analyses of this type exist, but the situation appears to be similar: in 1997, for example, 'three of the four methadone single-drug deaths [...] were well established in their treatment. The fourth death was a non-registered user who took a friend's methadone' (Bystrycki and Coleridge, 2000).
4. The NSW definitions of 'access' remain substantially unchanged in the 2006 guidelines.

3 The Chronotope of the Queue

1. At the time our interviews were conducted, regularity of attendance at the dosing point was guided by recommendations made in the New South Wales Methadone Maintenance Treatment Clinical Practice Guidelines (NSW Health, 1999), which limited the recommended number of takeaways to be prescribed to clients. Depending upon the length of time a client had been in treatment, and assessment of other aspects of treatment such as the client's level of continued illicit drug use, between zero and four takeaways per week were prescribed. In some cases, however, the number of takeaways prescribed did exceed the level recommended in the guidelines. After the

interviews were conducted, new guidelines were released (see NSW Health, 2006). These do not allow for an increase in takeaway availability, indeed, in some respects they regulate takeaway access more heavily.

2. The data used in this chapter comprise our New South Wales client data set of twenty-five interviews. Twenty confidential interviews were conducted in the Sydney metropolitan area, and another five in the Hunter region of New South Wales.
3. Australian Institute of Health and Welfare, 2005: 68. The remaining 19 per cent are dosed under a variety of different structures including in prisons, and via combined public/private arrangements.
4. While methadone maintenance treatment is considered a treatment for addiction (where addiction is defined as dependence upon a drug or other substance/practice), it also involves a continuation of addiction in these terms in that clients take regular doses of methadone and experience withdrawal symptoms when doses are missed.
5. This interview was conducted by Nadine Krejci.
6. Notwithstanding this, some fine work which engages with aspects of the risk 'environment' of drug use, and the spatiality of drug use, has also been published in recent years. See for instance, Dovey et al., 2001; Measham, 2004; Moore and Dietze, 2005 and Rhodes et al., 2005. It would be productive, we think, to consider some of the issues raised in this body of work (for example those around haste in injecting) from the point of view of the intra-activity of space and time.
7. It is, of course, possible to argue that the world not only shapes the text, but that the reverse is also true (indeed, Barad, who will be returned to later, argues against representationalism).
8. Belinda Davis's history, *Home Fires Burning: Food, politics, and everyday life in World War I Berlin* (2000), provides an account of the hardship often associated with queuing for essential goods in wartime.
9. We are indebted to Susan McGuckin of the New South Wales Users' and AIDS Association for drawing this distinction to our attention.
10. Moran (2005) observes that bus queues can see violent acts too. He notes that 'The bus queue is a reminder that even the most mundane routines incorporate complex spatial politics and cultural meanings'. Moran's observation highlights the contribution of spatial arrangements (and temporal ones too) to the generation of violence, even, it appears, among those otherwise considered ordinary, respectable members of society. His comments, in other words, suggest that violence, or other behaviour, should not be seen as the product of intrinsic attributes of individuals, but of phenomena produced in intra-action.

4 Treatment Identities

1. There are a small number of cases recorded annually of parents and carers administering methadone to children; also a small number of children drinking methadone that has been improperly stored or sealed is recorded. Three reviewable child deaths in 2005 were related to methadone poisoning (NSW Ombudsman, 2006). Of 10,133 hospitalisations of children aged 0–4 years in

Australia between the years 1999/00 to 2003/04, 313 had taken the class of drugs in which methadone is included (Cripps and Steel, 2006).

5 Repetition and Rupture: The Gender of Agency

1. This estimate was supplied in a personal communication by Dr Alex Wodak, St Vincent's Hospital, New South Wales.
2. See Chapter 3 for a detailed discussion of the implications of Lenson's observation.

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